GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4864
ANSWERED ON:24.04.2002
NATIONAL FAMILY WELFARE PROGRAMME
ADHIR RANJAN CHOWDHURY;SRIKANTA DATTA NARASIMHARAJA WADIYAR

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether some State Governments have failed to implement the National Family Welfare Programme effectively during the past few years in their States;

(b) if so, the details of these States and the reasons therefor;

(c) the details of guidelines issued by the Union Government to State Governments for effective implementation of the programme; and

(d) the targets fixed for the programme and achievement made in the Ninth Five Year Plan period?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) & (b) : For the country as a whole the achievements under the `Family Welfare Programmes` have been quite substantial. Some States/UTs like Goa, Nagaland, Delhi, Kerala, Pondichery, A&N Islands, Tamil Nadu, Chandigarhand Mizoram have already achieved goals set for the year 2010 and States/UTs like Manipur, Daman & Diu, Karnataka, Andhra Pradesh, Himachal Pradesh, Sikkim, West Bengal, Maharashtra, Punjab,Arunachal Pradesh and Lakshadweep are close to achieving the goals. However, some States are lagging behind primarily on account of slow achievements of socio- economic indicators.

(c) : The State Governments have been advised to formulate State Population Policy with state specific strategies while maintaining the general spirit of National Population Policy, 2000 and also to constitute State Population Commission under the chairmanship of Chief Ministerof respective State to review, monitor and give directions for the implementation of the State Population Policywith a view to meeting the goals set out in the National Population Policy, 2000. The State Governments have also been advised to prepare firm and detailed action plan taking into account the ground realities and their area specific problems (region wise/district wise) for effective implementation of family welfare programme.

(d) : There was a paradigm shift in the Family Welfare Programmeafter International Conference on Populationand Development (ICPD), Cairo in 1994 when fixing of targets was abandoned.Instead the `Target Free Approach (TFA) was adopted since 1st April 1996 all over India and the system of decentralized participatory planning was brought in place. TFA has been renamed as Community Needs Assessment Approach (CNAA) from 1997.Under this approach, planning of family welfare services are formulated in consultation with the community at the grass root level. Under this approach, monitoring and evaluation of the performance required a fresh look with a view to ensuring quality of care at different levels of the primary health care system. The manual on CNAA on Family Welfare Programme has alreadybeen circulated to all the States and UTs to provide guidance in formulation of decentralized planning. The physical achievements of Ninth Five Year Plan are annexed.

Annexure

No.	Indicator	Goals Ninth Plan	Achievement
1	Family Planning Indicators		
Ã°	Crude Birth Rate	23	25.8 (2000)
Ã°	Total Fertility Rate	2.6	2.97 (NFHS-2)
Ã°	Couple Protection Rate	60%	48.2% (NFHS-2)
2	Mortality Indicators		

Ã°	Maternal Mortality Ratio	300	407 (SRS 1998)
Ã°	Perinatal Mortality Rate		
Ã°	Neo Natal Mortality Rate	35	43.4 (NFHS-2)
Ã°	Infant Mortality Rate	56-50	68 (NFHS-2)
Ã°	Under 5 Mortality Rate		94.9 (NFHS-2)
3	Full Immunisation of infants	65%	56%
	(Six vaccine preventable diseases)		(WHO/UNICEF 2000)
	- Measles		56%
	- DPT		64%
	- Polio		72%
	- BCG		73%
4	Pregnant mothers receiving ante-natal care	95%	NFHS-II
Ã°	% received at least 3 ANC		43.8
Ã°	% received IFA for 3 or 4 months		47.5
Ã°	% received 2 TT vaccine		66.8
5	Deliveries		
Ã°	Institutional Deliveries	35%	34% (NFHS-2)
Ã°	Deliveries by trained health personnel including training birth attendants	45%	42.3% -do-